Attorney Docket No.

Patent 032313-004

## RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OCT 2 9 2003

In re Patent Application of Catharina SVANBORG et al

Group Art Unit:

1653

TECH CENTER 1600/2900

Application No.: 09/554,704

4,704 Examiner:

Hope A. Robinson

Filing Date:

August 15, 2000

Title: LACTALBUMIN PRODUCTION

**PROCESS** 

Confirmation No.: 3220

## AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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End	losed is a reply for the above-identified patent application.					
×	A Petition for Extension of Time is also enclosed.					
	Terminal Disclaimer(s) and the \$\infty\$\$ \$55.00 (2814) \$\infty\$\$ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. \( \) 1.20(d) are also enclosed.					
	Also enclosed is/are					
	•					
	Small entity status is hereby claimed.					
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$385.00 (2801) \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.					
	Applicant(s) previously submitted					
	on,					
	for which continued examination is requested.					
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.					

Attorney Docket No.

032313-004

Application No. <u>09/554,704</u>

■ No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS							
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee		
Total Claims	57	MINUS 45 =	12	x \$18.00 (1202) =	\$ 216.00		
Independent Claims	3	MINUS 3 =	0	x \$86.00 (1201) =	\$ 0.00		
If Amendment adds multiple dependent claims, add \$290.00 (1203)					\$ 290.00		
Total Claim Amendment Fee				\$ 506.00			
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee			\$ 0.00				
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT				\$ 506.00			

X	A total fee in the amou	nt of	\$ 506.00	is enclosed.
	Charge	to D	eposit Account	No. 02-4800

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1. 20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: October 22, 2003

சுற Donna M. Meuth

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